

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571703 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee DMM Media		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 15 / 2016</div> </div>	
Mailing Address 1911 N. Fort Myer Drive Ste 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12846.62</div>	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 14 / 2016</div> </div>
Purpose of Expenditure TV/Media Production		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate Bayh, Evan, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	
<div style="border: 1px solid black; padding: 2px; text-align: right;">5827949.61</div>			

Full Name of Payee DMM Media		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 15 / 2016</div> </div>	
Mailing Address 1911 N. Fort Myer Drive Ste 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2842.23</div>	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE2 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 14 / 2016</div> </div>
Purpose of Expenditure Radio Production		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate Bayh, Evan, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	
<div style="border: 1px solid black; padding: 2px; text-align: right;">5827949.61</div>			

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; width: 150px;">15688.85</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; width: 150px;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; width: 150px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

10 / 16 / 2016

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Senate Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00571703	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Targeted Victory			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2016		
Mailing Address 1033 North Fairfax St Suite 400			Amount 63107.50		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE3		
Purpose of Expenditure Online Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2016		
Name of Federal Candidate Bayh, Evan, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought		5827949.61	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Richard Sales Media			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2016		
Mailing Address 1702 E Highland Ave Suite 408			Amount 2000.00		
City Phoenix	State AZ	Zip Code 85016	Transaction ID : SE4		
Purpose of Expenditure Web Ad		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2016		
Name of Federal Candidate Bayh, Evan, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought		5827949.61	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65107.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	80796.35

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 16 / 2016

Signature